

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions

**Milwaukee Agency
Request for Proposal to Administer Wisconsin Works and Related Programs
Submittal
2006 - 2009 Contract**

Please print or type in all spaces except signature.

Organizations proposing to administer W-2 and Related Programs in Milwaukee must complete this form.

Proposer Agency Name

Indicate below the type of W-2 Contract Agency (i.e., Case Management Agency, Job Development and Placement Agency or SSI Advocacy Agency) your proposal covers and for which geographic area(s) (Region).

A separate proposal must be submitted for each type of W-2 Contract Agency (i.e., Case Management Agency, Job Development and Placement Agency and SSI Advocacy Agency.) The proposal may be for more than one geographic area.

	Northwest	Northeast	Southeast	Southwest	Central
Case Management Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Development and Placement Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI Advocacy Agency (All 5 Geographic Areas)	<input type="checkbox"/>				

Proposer Agency Director Name or Designee (Attach Designee Authorization)	
Signature	Date of Signature